



MISSOURI DEPARTMENT OF REVENUE  
**REQUEST FOR TAX CLEARANCE FOR  
TRANSIENT EMPLOYERS**

Phone: (573) 751-0459 Fax: (573) 522-1721

FORM  
**943T**  
(REV. 10-2005)

This form must be filed before any information can be disclosed. Please complete this form in its entirety and mail to the Missouri Department of Revenue, Taxation Bureau, P.O. Box 295, Jefferson City, Missouri 65105-0295. This will ensure that your clearance is processed without unnecessary delay.

TYPE OF OWNERSHIP (PLEASE CHECK ONE)

☐ CORPORATION ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY

CORPORATION NAME

DOING BUSINESS AS NAME (DBA)

BUSINESS STREET ADDRESS

CITY, STATE, ZIP CODE

NATURE OF BUSINESS

MO TAX IDENTIFICATION NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

DOES BUSINESS HAVE EMPLOYEES IN MISSOURI?

☐ YES ☐ NO

MISSOURI UNEMPLOYMENT INSURANCE COMPENSATION NUMBER

**IF A CORPORATION**

CORPORATION CHARTER NUMBER

STATE OF INCORPORATION

DATE OF INCORPORATION / CERTIFICATE OF AUTHORITY IN MO

A corporation is liable for franchise tax if Line 6A or 6B on the Franchise Tax Report is more than \$200,000 for years beginning on or after January 1, 1988 through December 31, 1999. Is your corporation liable for Franchise Tax for these years?

☐ YES ☐ NO **IF NO, STATE YEAR(S) WHICH ARE NOT REQUIRED TO BE FILED** \_\_\_\_\_

For years beginning on or after January 1, 2000 if the assets of the corporation are less than \$1,000,000 a franchise tax is not due, however, it is mandatory that a Franchise Tax Return be filed.

Did the corporation have a prior name?

☐ YES ☐ NO If yes, please state the previous name \_\_\_\_\_

Does the corporation file a consolidated corporation income tax return in Missouri?

☐ YES ☐ NO If yes, give parent name/FEIN \_\_\_\_\_

**IF A SOLE PROPRIETORSHIP**

HUSBAND'S SOCIAL SECURITY NUMBER

WIFE'S SOCIAL SECURITY NUMBER

Have you filed individual income tax returns in other states?

☐ NO

☐ YES

If "yes", what years? \_\_\_\_\_

Have you resided in state(s) where no income tax return is required?

☐ NO

☐ YES

If "yes", what state(s)? \_\_\_\_\_

If "yes", what year(s)? \_\_\_\_\_

If "no" explain: \_\_\_\_\_

How long have you been a Missouri resident? \_\_\_\_\_

**IF A PARTNERSHIP**

Please attach a listing showing partner's names, home addresses, and social security numbers/federal employer identification numbers.

MISSOURI CIGARETTE WHOLESALER LICENSE NUMBER

MISSOURI MOTOR FUEL LICENSE NUMBER

The Department of Revenue will process your tax clearance and notify you regarding the status of your account. **Please note that if the taxpayer owes any taxes it will be shown on the denial of tax clearance letter issued by the department.** This denial of tax clearance will be sent to the person authorized to receive the tax clearance letter. If your account is clear, a certificate of tax clearance will be issued by the Department of Revenue.

If the requestor is other than an officer of the corporation, the Authorization for Release of Confidential Information section below must be completed before any information can be disclosed.

**SIGNATURE**

Under penalties of perjury I declare that the above information is true, accurate, and complete.

SIGNATURE OF OWNER/OFFICER

TITLE

TELEPHONE NUMBER

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Release of this information to a third party at the request of the taxpayer does not give the third party authority to request further information from the department. To obtain additional information or represent the taxpayer before the department, it is necessary for the taxpayer to execute a Power of Attorney designating the third party as its representative.

NAME

TITLE

REPRESENTING

ADDRESS

CITY, STATE, ZIP CODE

**PLEASE SEND ORIGINAL TO: MISSOURI DEPARTMENT OF REVENUE, TAXATION BUREAU, P.O. BOX 295, JEFFERSON CITY, MO 65105-0295**